Best Available Copy

Application or Docket Num

|   |  |   |                                       |                               |                              |                                       |              | Application or Docket Number |   |               |                                 |                        |    |  |
|---|--|---|---------------------------------------|-------------------------------|------------------------------|---------------------------------------|--------------|------------------------------|---|---------------|---------------------------------|------------------------|----|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  0 9900503 |  |   |                                       |                               |                              |                                       |              |                              |   |               |                                 |                        |    |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                    |  |   |                                       |                               |                              |                                       |              | SMALL ENTITY TYPE            |   |               | OTHER THAN<br>OR SMALL ENTITY   |                        |    |  |
| TO  | TAL CLAIMS                                     |   | 19                                    |                               | ,                            |                                       | R            | ATE                          | FEE   |               | RATE                            | FEE                    | 1  |  |
| FOR   |  |   | NUMBER FILED                          |                               | NUMBER EXTRA                 |                                       | BAS          | SIC FEE                      | 355.00                                      | OR            | BASIC FEE                       | 710.00                 |    |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 0 minus 20=                           |                               | · B                          |                                       | X            | \$ 9=                        |   | OR            | X\$18=                          |                        |    |  |
| IND   | EPENDENT CL                                    | AIMS  | 2 minus 3 =                           |                               | · Ø                          |                                       | \ \rac{1}{2} | (40=                         |   | OR            | X80=                            |                        |    |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PF   | RESENT                                |                               |                              |                                       | <b> </b>     | 135=                         |   | OR            | +270=                           |                        |    |  |
| * If  | the difference                                 | in column 1 is l  | less than zero, enter "0" in column 2 |                               |                              | olumn 2                               | T(           | OTAL                         |   | OR            | TOTAL                           | 410                    |    |  |
| CLAIMS AS AMENDED - PART II   |  |   |                                       |                               |                              |                                       |              |                              |   | •             | OTHER                           |                        |    |  |
| (Column 1)  |  |   |                                       | (Colu                         |                              | (Column 3)                            | SI           | MALL                         | ENTITY                                      | OR            | SMALL                           |                        |    |  |
| AMENDMENT A   | , , , , , , , , , , , , , , , , , , ,          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | ٠                                     | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA                      | R            | ATE                          | ADDI-<br>TIONAL<br>FEE                      | . :           | RATE                            | ADDI-<br>TIONAL<br>FEE |    |  |
|   | Total  | .23   | Minus                                 | "Á                            | 20                           | = 3                                   | Х            | \$ 9=                        |   | OR            | X\$18=                          | T. a.                  | Þ  |  |
|   | Independent                                    | * B   | Minus                                 | ***                           | 3_                           | = 3                                   | X            | 40=                          |   | OR            | X <del>80</del> =               | 252-                   |    |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                               |                              |                                       |              | 135=                         |   | OR            | +270=                           |                        | 1  |  |
| TOTAL   |  |   |                                       |                               |                              |                                       |              |                              |   |               | TOTAL                           |                        |    |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |                               |                              |                                       |              |                              | ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE |               |                                 |                        |    |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                       | HIGH<br>NUM<br>PREVI          |                              | PRESENT<br>EXTRA                      | R            | ATE                          | ADDI-<br>TIONAL<br>FEE                      |               | RATE                            | ADDI-<br>TIONAL<br>FEE |    |  |
|   | Total  | · 23  | Minus                                 | **                            | 2523                         | = —                                   | X            | \$ 9=                        |   | OR            | X\$18=                          |                        |    |  |
|   | Independent                                    | · Bo  | Minus                                 | ***                           | 36                           | = /                                   | X            | 40=                          |   | OR            | X80=                            | <u> </u>               | 1  |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                               |                              |                                       | +            | <br>135=                     |   | OR            | +270=                           | ***                    | 1  |  |
|   | TOTAL<br>ADDIT. FEE                            |   |                                       |                               |                              |                                       |              |                              |   | OR            | TOTAL<br>ADDIT. FEE             |                        | 1  |  |
|   | (Column 1) (Column 2) (Column 3)               |   |                                       |                               |                              |                                       |              | #1. F & E                    |   | •             | ADDIT: 1 EE                     |                        | 1  |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                       | HIGH<br>NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                      | R            | ATE                          | ADDI-<br>TIONAL<br>FEE                      |               | RATE                            | ADDI-<br>TIONAL<br>FEE |    |  |
|   | Total  | . 25  | Minus                                 | á                             | 73                           | = 2                                   | - x          | \$ 9=                        |   | OR            | X\$18=                          | 26.                    | 1  |  |
|   | Independent                                    | . ~7  | Minus                                 | ***                           | 6                            | = /                                   | X            | 40=                          |   |               | ×80€                            | 840                    | te |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                               |                              |                                       |              |                              |   | OR            |                                 | 3 700                  | ď  |  |
|   | If the entry in activ                          | mn 1 is less than t   | no ontre in only                      | +                             | 135=                         |                                       | OR           | +270=<br>2                   |   | <b>]</b> ,    |                                 |                        |    |  |
| ••  | If the "Highest Nu<br>If the "Highest Nu       | mn 1 is less than tl<br>mber Previously Pa<br>Imber Previously P<br>Inber Previously Pa | aid For'' IN THI<br>aid For'' IN THI  | S SPACE<br>S SPACE            | is less that is less that    | n 20, enter "20."<br>in 3, enter "3." | ADD          | TOTAL<br>IT. FEE<br>n the ap | propriate bo                                | ØŔ<br>x in co | TOTAL<br>ADDIT: FEE<br>Dlumn 1. | 10. C                  | Z  |  |